

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-875

Application of PTO Number
10/079426

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =	X \$		OR	X \$	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =	X \$		OR	X \$	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$		OR	+ \$	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter '0' in column 2

CLAIMS AS AMENDED - PART II

12-20-06

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	34	Minus	32	X \$		OR	X \$ 50	100.00
Independent (37 CFR 1.16(b))	6	Minus	4	X \$		OR	X \$ 200	400.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		OR	+ \$	
				TOTAL ADDL FEE		OR	TOTAL ADDL FEE	500.00

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus		X \$		OR	X \$	
Independent (37 CFR 1.16(b))		Minus		X \$		OR	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		OR	+ \$	
				TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus		X \$		OR	X \$	
Independent (37 CFR 1.16(b))		Minus		X \$		OR	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		OR	+ \$	
				TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

* If the entry in column 1 is less than the entry in column 2, write '0' in column 1.
 * If the Highest Number Previously Paid For of 14,140's SPACE is less than 20, enter 20.
 * If the Highest Number Previously Paid For of 14,140's SPACE is less than 3, enter 3.
 * The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public, which is to be paid by the USPTO to persons in accordance with 37 CFR 1.16. This collection of information is to be used by the USPTO to determine the amount of fee you require to complete this form and to determine the amount of fee you require to complete this form. This collection of information is to be used by the USPTO to determine the amount of fee you require to complete this form and to determine the amount of fee you require to complete this form. This collection of information is to be used by the USPTO to determine the amount of fee you require to complete this form and to determine the amount of fee you require to complete this form.